2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G88820

1. Entity Name
STAR'T JEWELRY, INC.

Principal Place of Business	Mailing Address
3619 SW 8TH ST	3619 SW 8TH ST
MIAMI, FL 33135-4111	MIAMI, FL 33135-4111

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2382019	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA PUENTE, CESAR, ESQ.
1040 SW 27TH AVE
MIAMI, FL 33135

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COMABELLA, RAMON
STREET ADDRESS	3619 SW 8TH ST
CITY·ST·ZIP	MIAMI, FL
TITLE	SD
NAME	COMABELLA, LUISA
STREET ADDRESS	3619 SW 8TH ST
CITY·ST·ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

U000000260821
03/12/05-80039-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____ PRES.   3/9/05 305-443-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #